

ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2016

OF THE CONDITION AND AFFAIRS OF THE

McLAREN HEALTH PLAN, INC

NAIC Group Code	4700	4700	NAIC Company Code	95562	Employer's ID Number	38-3252216
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	MI		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[]		Property/Casualty[]		Hospital, Medical & Dental Service or Indemnity[]	
	Dental Service Corporation[]		Vision Service Corporation[]		Health Maintenance Organization[X]	
	Other[]		Is HMO Federally Qualified? Yes[] No[X] N/A[]			
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd.		FLINT, MI, US 48532			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	G-3245 Beecher Rd.		G-3245 Beecher Rd.			
			(Street and Number)			
	FLINT, MI, US 48532		(810)733-9723			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd.		FLINT, MI, US 48532			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	G-3245 Beecher Rd.		G-3245 Beecher Rd.			
			(Street and Number)			
	FLINT, MI, US 48532		(810)733-9723			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL DIEHL		(810)733-9723			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	cheryl.diehl@mclaren.org		(810)733-9652			
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title	
KATHY KENDALL	President	
KEVIN TOMPKINS	Chairman	
PATRICK HAYES	Secretary	#
DAVE MAZURKIEWICZ	Treasurer	
CAROL SOLOMON	Assistant Treasurer	
KATHLEEN KUDRAY D.O.	Chief Medical Officer	

OTHERS

DIRECTORS OR TRUSTEES

KATHY KENDALL

PATRICK HAYES

LAKISHA ATKINS

KEVIN TOMPKINS

DAVE MAZURKIEWICZ

State of

Michigan

County of

Genesee

ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this

day of

, 2017

a. Is this an original filing?

b. If no,

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals				12,321	12,321	
Group Subscribers:						
Ferguson Convalescent	15,009					15,009
0299997 Subtotal - Group Subscribers:	15,009					15,009
0299998 Premiums due and unpaid not individually listed	2,552			25,221	25,221	2,552
0299999 TOTAL Group	17,561			25,221	25,221	17,561
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	17,561			37,542	37,542	17,561

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
Maternity Case Rate Receivables	1,903,757	282,367	114,070	877,698		3,177,892
PCP Enhanced Pmt Receivable				1,005,753	1,005,753	
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	1,903,757	282,367	114,070	1,883,450	1,005,753	3,177,892
0799999 Gross health care receivables	1,903,757	282,367	114,070	1,883,450	1,005,753	3,177,892

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	.....	.....	.....	.....	.....	.....
2. Claim overpayment receivables .....	.....	.....	.....	.....	.....	.....
3. Loans and advances to providers .....	.....	.....	.....	.....	.....	.....
4. Capitation arrangement receivables .....	.....	.....	.....	.....	.....	.....
5. Risk sharing receivables .....	.....	.....	.....	.....	.....	.....
6. Other health care receivables	3,028,201	30,690,323	1,613,392	2,570,253	4,641,593	5,659,348
7. TOTALS (Lines 1 through 6)	3,028,201	30,690,323	1,613,392	2,570,253	4,641,593	5,659,348

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
Hurley Medical Center	180,941	28,383	459,111		12,279	680,715
Sparrow Hospital	278,787			86,545	24,594	389,926
Bronson Methodist Hospital - Kalamazoo	174,293	22,335	89,732			286,360
Spectrum Health Hospitals Blodgett	267,427					267,427
University Of Michigan	45,566	120,679			51,898	218,143
Covenant Medical Center - Hospital	124,377	23,897	42,304		12,127	202,705
Select Specialty Hospital - Saginaw			137,831			137,831
St John Hospital And Medical Center	121,809					121,809
Memorial Hospital		100,239				100,239
McLaren Flint Hospital	30,505	11,818	24,358		13,049	79,730
Coram Specialty Infusion - Novi	61,528				12,555	74,083
Fresenius Med Care Lansing Central	72,576					72,576
RCG Lansing	72,576					72,576
Fresenius Medical Care Lansing West	62,390					62,390
Henry Ford Hospital - Detroit	61,715					61,715
Rcg East Lansing	46,296					46,296
DMC Childrens Hospital Of Michigan			37,511			37,511
Fresenius Medical Care Caro	35,652					35,652
Fresenius Medical Care Sandusky	33,105					33,105
Lake Huron Medical Center	32,116					32,116
Borgess Medical Center	25,788					25,788
William Beaumont Hospital Royal Oak	23,661					23,661
Childrens Hosp Med Ctr	23,427					23,427
McLaren Bay Region Hospital	21,439					21,439
McLaren Oakland			16,823			16,823
RCG Allegan	16,552					16,552
RCG Charlotte	16,552					16,552
Midmichigan Health Ctr Midland	15,602					15,602
Owosso Memorial Dialysis Center	15,279					15,279
University Of Michig	15,122					15,122
Bronson Battle Creek		13,546				13,546
McLaren Regional Med		12,698				12,698
McLaren Northern Michigan Hospital			11,867			11,867
Josip Petani MD					11,861	11,861
St Joseph Mercy Oakland					11,790	11,790
Lakeland Regional Medical Center St	11,704					11,704
Munson Medical Center					11,521	11,521
St John Macomb Oakland Hosp - Warren	10,769					10,769
Bay Area Reg Dial Center - Essexville	10,186					10,186
0199999 Total - Individually Listed Claims Unpaid	1,907,743	333,595	819,538	86,545	161,674	3,309,094
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	31,419,569	5,329,423	6,654,300	5,993,654	15,914,249	65,311,195
0499999 Subtotals	33,327,312	5,663,017	7,473,838	6,080,199	16,075,923	68,620,289
0599999 Unreported claims and other claim reserves						31,790,832
0699999 TOTAL Amounts Withheld						

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0799999 TOTAL Claims Unpaid .....						... 100,411,121
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						..... 2,682,703

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
McLaren Health Care Coporation	92,658			11,879	11,879	92,658	
McLaren Health Plan Community	1,188,171					1,188,171	
McLaren Medical Group	1,007					1,007	
McLaren Homecare Group	19,727					19,727	
Health Advantage	3,603,674					3,603,674	
0199999 Total - Individually listed receivables	4,905,237			11,879	11,879	4,905,237	
0299999 Receivables not inidividually listed							
0399999 TOTAL Gross Amounts Receivable	4,905,237			11,879	11,879	4,905,237	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
McLaren Health Care Corporation	Pension Payable	75,115	75,115	
McLaren Health Care Corporation	Professional Services	2,613,357	2,613,357	
McLaren Regional Medical Center	Professional Services	1,780	1,780	
McLaren Medical Group	Professional Services	79,385	79,385	
McLaren Health Plan Community	Professional Services	4,045,345	4,045,345	
Health Advantage	Professional Services	926,801	926,801	
0199999 Total - Individually Listed Payables	X X X	7,741,782	7,741,782	
0299999 Payables not Individually Listed	X X X			
0399999 TOTAL Gross Payables	X X X	7,741,782	7,741,782	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	214,900,476	25.414				214,900,476
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	214,900,476	25.414				214,900,476
Other Payments:							
5.	Fee-for-service	24,044,160	2.843	X X X	X X X		24,044,160
6.	Contractual fee payments	606,639,886	71.742	X X X	X X X	606,639,886	
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	630,684,045	74.586	X X X	X X X	606,639,886	24,044,160
13.	TOTAL (Line 4 plus Line 12)	845,584,521	100.000	X X X	X X X	606,639,886	238,944,635

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 TOTALS			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,191,346	.....	631,633	.....	559,714	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,191,346	.....	631,633	.....	559,714	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95562

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	203,942	7,331	21,427					145	175,039	
2. First Quarter	188,712		1,762					369	186,581	
3. Second Quarter	202,721		14,521					397	187,803	
4. Third Quarter	193,130		8,725					409	183,996	
5. Current Year	186,387							416	185,971	
6. Current Year Member Months	2,366,346		135,147					4,744	2,226,455	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,538,569		78,808					3,104	1,456,657	
8. Non-Physician	319,375		13,482					650	305,243	
9. TOTAL	1,857,944		92,290					3,754	1,761,900	
10. Hospital Patient Days Incurred	703,652		5,036					627	697,989	
11. Number of Inpatient Admissions	83,485		1,217					126	82,142	
12. Health Premiums Written (b)	931,744,129	1,447,151	45,485,026					4,905,746	879,906,206	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	931,744,129	1,447,151	45,485,026					4,905,746	879,906,206	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	845,584,521	1,819,737	51,544,485					4,335,422	787,884,877	
18. Amount Incurred for Provision of Health Care Services	822,698,708	155,703	42,165,702					4,965,476	775,411,827	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....4,905,746



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95562

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	203,942	7,331	21,427					145	175,039	
2. First Quarter	188,712		1,762					369	186,581	
3. Second Quarter	202,721		14,521					397	187,803	
4. Third Quarter	193,130		8,725					409	183,996	
5. Current Year	186,387							416	185,971	
6. Current Year Member Months	2,366,346		135,147					4,744	2,226,455	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,538,569		78,808					3,104	1,456,657	
8. Non-Physician	319,375		13,482					650	305,243	
9. TOTAL	1,857,944		92,290					3,754	1,761,900	
10. Hospital Patient Days Incurred	703,652		5,036					627	697,989	
11. Number of Inpatient Admissions	83,485		1,217					126	82,142	
12. Health Premiums Written (b)	931,744,129	1,447,151	45,485,026					4,905,746	879,906,206	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	931,744,129	1,447,151	45,485,026					4,905,746	879,906,206	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	845,584,521	1,819,737	51,544,485					4,335,422	787,884,877	
18. Amount Incurred for Provision of Health Care Services	822,698,708	155,703	42,165,702					4,965,476	775,411,827	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....4,905,746

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	1,347,325	.....
00000	AA-9990032	01/01/2016	US Dept of Hlth & Human Serv	DC	139,776	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,487,102	.....
2199999 Total - Accident and Health - Non-Affiliates					1,487,102	.....
2299999 Total - Accident and Health					1,487,102	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,487,102	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						.....
9999999 Total (Sum of 1199999 and 2299999)					1,487,102	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	01/01/2016	PARTNERRE AMER INS CO	DE	SSL/L/I	SLEL	2,679,470						
0899999	Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						2,679,470						
1099999	Total - General Account - Authorized - Non-Affiliates						2,679,470						
1199999	Total - General Account Authorized						2,679,470						
1499999	Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total												
2299999	Total - General Account - Unauthorized												
2599999	Subtotal - General Account - Certified - Affiliates - U.S. - Total												
3399999	Total - General Account - Certified												
3499999	Total - General Account - Authorized, Unauthorized and Certified						2,679,470						
3799999	Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total												
4599999	Total - Separate Accounts - Authorized												
4899999	Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total												
5699999	Total - Separate Accounts - Unauthorized												
5999999	Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total												
6699999	Total - Separate Accounts - Certified - Non-Affiliates												
6799999	Total - Separate Accounts - Certified												
6899999	Total - Separate Accounts - Authorized, Unauthorized and Certified												
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						2,679,470						
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)												
9999999	Total (Sum of 3499999 and 6899999)						2,679,470						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums	1,167	1,726	2,145	1,871	1,636
2. Title XVIII-Medicare	16	5	17	15	22
3. Title XIX - Medicaid	1,497	1,489	821	590	654
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	1,487	1,920	1,887	290	170
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	197,163,909		197,163,909
2. Accident and health premiums due and unpaid (Line 15)	365,170		365,170
3. Amounts recoverable from reinsurers (Line 16.1)	1,487,102		1,487,102
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	8,518,920		8,518,920
6. TOTAL Assets (Line 28)	207,535,101		207,535,101
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	100,411,121		100,411,121
8. Accrued medical incentive pool and bonus payments (Line 2)	2,682,703		2,682,703
9. Premiums received in advance (Line 8)	947,717		947,717
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	20,456,085		20,456,085
15. TOTAL Liabilities (Line 24)	124,497,626		124,497,626
16. TOTAL Capital and Surplus (Line 33)	83,037,475	X X X	83,037,475
17. TOTAL Liabilities, Capital and Surplus (Line 34)	207,535,101		207,535,101
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only							
		1	2	3	4	5	6
	States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)						
5.	California (CA)						
6.	Colorado (CO)						
7.	Connecticut (CT)						
8.	Delaware (DE)						
9.	District of Columbia (DC)						
10.	Florida (FL)						
11.	Georgia (GA)						
12.	Hawaii (HI)						
13.	Idaho (ID)						
14.	Illinois (IL)						
15.	Indiana (IN)						
16.	Iowa (IA)						
17.	Kansas (KS)						
18.	Kentucky (KY)						
19.	Louisiana (LA)						
20.	Maine (ME)						
21.	Maryland (MD)						
22.	Massachusetts (MA)						
23.	Michigan (MI)						
24.	Minnesota (MN)						
25.	Mississippi (MS)						
26.	Missouri (MO)						
27.	Montana (MT)						
28.	Nebraska (NE)						
29.	Nevada (NV)						
30.	New Hampshire (NH)						
31.	New Jersey (NJ)						
32.	New Mexico (NM)						
33.	New York (NY)						
34.	North Carolina (NC)						
35.	North Dakota (ND)						
36.	Ohio (OH)						
37.	Oklahoma (OK)						
38.	Oregon (OR)						
39.	Pennsylvania (PA)						
40.	Rhode Island (RI)						
41.	South Carolina (SC)						
42.	South Dakota (SD)						
43.	Tennessee (TN)						
44.	Texas (TX)						
45.	Utah (UT)						
46.	Vermont (VT)						
47.	Virginia (VA)						
48.	Washington (WA)						
49.	West Virginia (WV)						
50.	Wisconsin (WI)						
51.	Wyoming (WY)						
52.	American Samoa (AS)						
53.	Guam (GU)						
54.	Puerto Rico (PR)						
55.	U.S. Virgin Islands (VI)						
56.	Northern Mariana Islands (MP)						
57.	Canada (CAN)						
58.	Aggregate other alien (OT)						
59.	TOTALS						

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41		00000	38-2397643				McLaren HealthCare Corp	MI	UDP					N	
		00000	26-2693350				McLaren HealthCare Village	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3584572				Great Lakes Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1613280				Karmanos Cancer Institute	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
		00000	20-1649466				Karmanos Cancer Center	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2823451				Michigan Cancer Society	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	45-4758176				Delphinus Investments Inc.	MI	NIA	Karmanos Cancer Institute	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2166534				Bay Medical Foundation	MI	NIA	Bay Regional Medical Center	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1976271				Bay Regional Medical Center DBA McLaren Bay Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3161753				Bay Special Care Hospital	MI	NIA	Bay Regional Medical Center DBA McLaren Bay Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1420304				Central Michigan Community Hosital DBA McLaren Central Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3226022				Meridian Ventures, Inc.	MI	NIA	Central Michigan Community Hosital DBA McLaren Central Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1434090				Ingham Regional Medical Center DBA McLaren Greater Lansing	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2463637				McLaren Lansing Foundation	MI	NIA	Ingham Regional Medical Center DBA McLaren Greater Lansing	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2146751				McLaren Northern Michigan	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2445611				McLaren Norther MI Foundation	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2527255				VitalCare, Inc.	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	20-8458840				NMI Medical Management	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	32-0020293				NMI Hematology/Oncology	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	26-2774689				Cardiac Institute	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-3038683				Charlevoix Nursing Home	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-3465261				Rapin & Rapin Prescription Services Pharmacy	MI	NIA	McLaren Northern Michigan	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-1218516				McLaren Macomb	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2578873				McLaren Macomb Foundation	MI	NIA	McLaren Macomb	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1428164				Pontiac Osteopathic Hospital DBA McLaren Oakland	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	20-0442217				McLaren Riley Foundation	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2643070				Hospital Health Care	MI	NIA	Pontiac Osteopathic Hospital DBA McLaren Oakland	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3136458				McLaren Physician Partners	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2383119				McLaren Regional Medical Center DBA McLaren Flint	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-1358053				The McLaren Flint Foundation	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	45-5567669				McLaren Hospitality House	MI	NIA	McLaren Regional Medical Center DBA McLaren Flint	Ownership	100.0	McLaren Health Care Corporation	N	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

411

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iary Loca- tion	Rela- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4700	McLaren Health Plan	00000	38-2689033				Lapeer Regional Medical Center						McLaren Health Care		
		00000	38-2689603				DBA McLaren Lapeer Region	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	Corporation	N	
		00000	38-1369611				McLaren Lapeer Foundation	MI	NIA	Lapeer Regional Medical Center DBA McLaren Lapeer Region	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-2777750				McLaren Port Huron	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2683251				McLaren Port Huron Hospital	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2467310				Foundation	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2491659				Marwood Manor Nursing	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2988086				Parkview Property Management	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2988086				Willow Enterprises	MI	NIA	McLaren Port Huron	Ownership	100.0	McLaren Health Care Corp	N	
		00000	38-2988086				McLaren Medical Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3267121				Mid-Michigan Physicians	MI	NIA	McLaren Medical Group	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	38-3491714				Visiting Nurse Services of Michigan						McLaren Health Care Corporation	N	
		00000	46-3643089				DBA McLaren Homecare Group	MI	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	46-3643089				Hospice and Homecare Foundation	MI	NIA	Visiting Nurse Services of Michigan	Ownership	100.0	McLaren Health Care Corporation	N	
		95562	38-3252216				McLaren Health Plan	MI	NIA	DBA McLaren Homecare Group	Ownership	100.0	McLaren Health Care Corp	N	
		14217	27-2204037				McLaren Health Plan Community	MI	DS	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	
		00000	91-2141720				Health Advantage Inc.	MI	DS	McLaren Health Plan	Ownership	100.0	McLaren Health Care Corporation	N	
		00000					McLaren Insurance Company LTD.	CYM	NIA	McLaren HealthCare Corp	Ownership	100.0	McLaren Health Care Corporation	N	

Asterisk	Explanation
0000001	

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	382397643 ..	MCLAREN HEALTH CARE CORPORATION .....	.....	.....	.....	.....	6,613,548	.....	.....	.....	6,613,548	.....
95562 ..	38-3252216 ..	MCLAREN HLTH PLAN INC .....	.....	(15,000,000)	.....	.....	21,701,765	.....	.....	.....	6,701,765	.....
.....	38-2383119 ..	MCLAREN REGIONAL MEDICAL CENTER .....	.....	.....	.....	.....	12,736	.....	.....	.....	12,736	.....
.....	91-2141720 ..	HEALTH ADVANTAGE INC. ....	.....	.....	.....	.....	(9,630,861)	.....	.....	.....	(9,630,861)	.....
14217 ..	27-2204037 ..	MCLAREN HLTH PLAN COMM .....	.....	15,000,000	.....	.....	(18,697,188)	.....	.....	.....	(3,697,188)	.....
9999999 Control Totals .....			.....	.....	.....	.....	0	.....	X X X	.....	0	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit



95562201636000002016Document Code: 360

Health Life Supplement



955622016205000002016Document Code: 205

Health Property / Casualty Supplement



955622016207000002016Document Code: 207

Schedule SIS



955622016420000002016Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



955622016371000002016Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



955622016370000002016Document Code: 370

Medicare Part D Coverage Supplement



955622016365000002016Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



955622016224000002016Document Code: 224

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Approval for Relief related to one-year cooling off period for inde. CPA



95562201622500000

2016

Document Code: 225

Approval for Relief related to Require. for Audit Committees

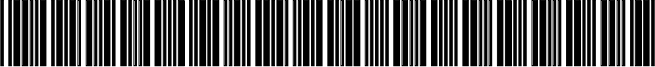


95562201622600000

2016

Document Code: 226

LTC Supplemental Interrogatories



95562201630600000

2016

Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation

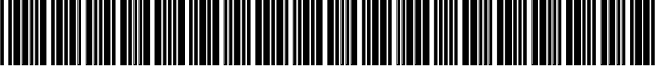


95562201621100000

2016

Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95562201621300000

2016

Document Code: 213

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1104. OTHER INVESTMENT DEFERRED COMPENSATION	88,521		88,521	38,289
1105. SELF INS TRUST FUND CTF	174,463		174,463	114,766
1106. RISK CORRIDOR RECEIVABLE	6,003,810	6,003,810		9,424
1107. ACCOUNTS RECEIVABLE - RISK ADJUSTMENT	9,569		9,569	8,592
1108. PREPAID DENTAL EXPENSES	67,926	67,926		64,981
1109. PREPAID RENT EXPENSES	37,474	37,474		36,922
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	6,381,763	6,109,209	272,554	272,973
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Repairs	10	42	148		201
2505. Bad Debt Expense	5,778	24,634	86,559		116,972
2506. Professional Development	548	2,335	8,205		11,088
2507. Pension Related Expense	7,509	32,011	112,479		151,998
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	13,845	59,022	207,391		280,258

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1104. OTHER INVESTMENT DEFERRED COMPENSATION			
1105. SELF INS TRUST FUND CTF			
1106. RISK CORRIDOR RECEIVABLE	6,003,810	3,392,406	(2,611,404)
1107. ACCOUNTS RECEIVABLE - RISK ADJUSTMENT			
1108. PREPAID DENTAL EXPENSES	67,926	64,981	(2,945)
1109. PREPAID RENT EXPENSES	37,474	36,922	(552)
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	6,109,209	3,494,309	(2,614,901)
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)			

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Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
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